

# THE STARK COUNTY PUBLIC SCHOOLS

## Physician's Order for Prescribed Oral Medication

Both State Law O.R.C and all public schools within Stark County require the following information when children need administration of prescribed drugs. Please complete the following information and forward to the school.

Name of Student \_\_\_\_\_ Age \_\_\_\_\_  
(last) (first) (middle initial)

Address \_\_\_\_\_  
(street) (city/state)

School District \_\_\_\_\_ Building \_\_\_\_\_ Class/Grade \_\_\_\_\_

Name of Medication \_\_\_\_\_ Oral Dosage \_\_\_\_\_

Times at which the medication is to be administered \_\_\_\_\_

Administration of medication is to begin \_\_\_\_\_

Administration of medication is to end \_\_\_\_\_

Significant side effects (adverse reactions) which should be reported to the physician

\_\_\_\_\_

Special instructions for administration of the drug, including sterile conditions and storage

\_\_\_\_\_

Parent's Signature \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Phone \_\_\_\_\_

NOTE: There must be notification to school employee if any information provided by the physician changes. The medication must be delivered to the school by the parent/guardian in the container in which it was dispensed by the prescribed physician or licensed pharmacist.

This form has been approved by the Stark County Medical Society.